

November 20, 2001

Ms. Grisell V. Diaz-Cotto
Emergency and Remedial Response Division
United States Environmental Protection Agency
Region III
290 Broadway, 19th Floor
New York, NY 10007-1866

Re: October 2001 Discharge Monitoring Report
Leachate Treatment Plant, Operable Unit 1
Kin-Buc Landfill Superfund Site

Dear Ms. Diaz-Cotto:

The October 2001 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit 1, Kin-Buc Landfill Superfund Site, prepared by USFilter Operating Services is attached. We will provide copies of the DMR to Ian Curtis and Susan Dietrick at the NJDEP.

Should you have any questions concerning the DMR or other site items, please contact me or Glenn Grieb at the Kin-Buc site.

Very truly yours,
USFilter Operating Services
On behalf of SCA Services, Inc.,



Dennis J. Duryea, P.E.
Area Manager

Enclosure

cc: Ian Curtis - NJDEP
Susan Dietrick - NJDEP
Stephen Joyce - SCA
Carl Januszkiewicz - Waste Management
Glenn Grieb - USFOS, Kin-Buc
File



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.
*
*NJ Permit Equivalent

REPORTING PERIOD
M o. Y r. M o. Y r.

PERMITTEE: Name: SCA Services, Inc.
Address: 383 Meadow Road
Edison, New Jersey 08817

FACILITY: Name: Kin-Buc Landfill
Address: 383 Meadow Road
Edison, New Jersey 08817
Telephone: 732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY
__ T-VWX-007 __ T-VWX-008 __ T-VWX-009
__ EPA Form 3320-1

DYE TESTING YES NO
__ X

SLUDGE REPORT-INDUSTRIAL
__ T-VWX-010A __ T-VWX-010B

TEMPORARY BYPASSING __ X

WASTEWATER REPORTS
__ T-VWX-011 __ T-VWX-012 __ T-VWX-013

DISINFECTION INTERRUPTION __ X

GROUNDWATER REPORTS
__ T-VWX-015(A,B) __ T-VWX-016 __ T-VWX-017
__ ELECTRONIC SUBMISSION

MONITORING MALFUNCTIONS __ X

UNITS OF OPERATION __ X

OTHER __ x

NPDES DISCHARGE MONITORING
1 EPA Form 3320-1

(Detail any "Yes" on reverse side in appropriate space.)

NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

**PRINCIPAL EXECUTIVE OFFICER OR
DULY AUTHORIZED REPRESENTATIVE**

Name (Printed) Glenn Grieb
Grade & Registry No. N4 ; 001212
Signature *Glenn Grieb*

Name (Printed) Glenn Grieb
Title (Printed) Plant Operations Manager
Signature *Glenn Grieb*

Date November 16, 2001

[illegible]

HOURS ATTENDED AT PLANT MONTH

1	0
---	---

 YEAR

0	1
---	---

Others

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
8	8	8	8		2		8	8	8	13	8	4		13	12
16	16	16	16	8	5	4	18	16	17	20	16	16	6	17	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
12	12	10		3	8	8	8	8	8	8	8	8	8	8	
18	14	18	16	4	16	16	12	10	9	16	16	16	16	16	

PERMITTEE NAME/ADDRESS

NAME
ADDRESS

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

FACILITY
LOCATION

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
01 10 01 01 10 31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.025306	0.033365	MGD	*****	*****	*****	***		continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****			continuous	flow meter
pH	SAMPLE MEASUREMENT			***	7.90		8.25	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		5.0	*****	9.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT			***	*****	<0.5	<0.5	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	14.3	17.7	kg/day	*****	169	178	mg/l		2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY			2/month	comp.
BOD	SAMPLE MEASUREMENT			***		<2.00	<2.00	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****			*****	*****			2/month	comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	<0.0884	<0.1012	kg/day	*****	<1.0	<1.0	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT			***	6.8		9.0	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 MIN Instantaneous	*****	*****			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Greib Project Manager							732 572-4743		01/11/16		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR MO DAY		
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

PERMITTEE NAME/ADDRESS

NAME **SCA SERVICES, INC.**
 ADDRESS **383 MEADOW ROAD**
EDISON, NEW JERSEY 08817

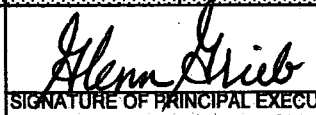
FACILITY **KIN-BUC LANDFILL**
 LOCATION **EDISON, NEW JERSEY**
 ATTN: **CARL JANUSZKIEWICZ**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
 PERMIT NUMBER

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MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
01 10 01 01 10 31

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	<0.00021	<0.00024	kg/day	*****	<2.5	<2.5	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.000	0.002		*****	57	134				
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.00021	<0.00024	kg/day	*****	<2.5	<2.5	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380				
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.00021	<0.00024	kg/day	*****	<2.5	<2.5	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59				
ETHYL BENZENE	SAMPLE MEASUREMENT	<0.00021	<0.00024	kg/day	*****	<2.5	<2.5	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380				
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.00021	<0.00024	kg/day	*****	<2.5	<2.5	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.008	0.025		*****	52	164				
TOLUENE	SAMPLE MEASUREMENT	<0.00021	<0.00024	kg/day	*****	<2.5	<2.5	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74				
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.00021	<0.00024	kg/day	*****	<2.5	<2.5	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.008		*****	25	80				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 3 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager TYPED OR PRINTED							 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		732 572-4743		01/11/16
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (REFERENCE ALL ATTACHMENTS HERE)							AREA CODE	NUMBER	YEAR	MO	DAY

PERMITTEE NAME/ADDRESS
NAME
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FACILITY
LOCATION
ATTN:

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	10	01		01	10	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.00021	<0.00024	kg/day	*****	<2.5	<2.5	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.010		*****	26	68				
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.00022	<0.00025	kg/day	*****	<2.5	<2.5	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.008	0.016		*****	52.8	106				
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.000075	<0.000088	kg/day	*****	<0.90	<0.90	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43				
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.000071	<0.000084	kg/day	*****	<0.85	<0.85	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43				
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.000038	<0.000045	kg/day	*****	<0.46	<0.46	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43				
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.000043	<0.000050	kg/day	*****	<0.52	<0.52	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43				
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.000073	<0.000086	kg/day	*****	<0.88	<0.88	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE			
Glenn Grieb Project Manager						732 572-4743		01 11 16			
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PARAMETER		QUANTITY OR LOA			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.000047	<0.000055	kg/day	*****	<0.57	<0.57	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.000048	<0.000055	kg/day	*****	<0.55	<0.55	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000041	<0.0000049	kg/day	*****	<0.049	<0.049	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab
4,4-DDT	SAMPLE MEASUREMENT	<0.0000085	<0.0000096	kg/day	*****	<0.097	<0.096	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000578	0.000146		*****	0.36	0.765			weekly	grab
PCB-1242	SAMPLE MEASUREMENT	<0.0000254	<0.0000289	kg/day	*****	<0.29	<0.29	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.0000254	<0.0000289	kg/day	*****	<0.29	<0.29	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.0000254	<0.0000289	kg/day	*****	<0.29	<0.29	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)						TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		01 11 16	
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

PERMITTEE NAME/ADDRESS

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SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

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01 10 01 TO 01 31 01

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.000254	<0.000289	kg/day	*****	<0.29	<0.29	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	<0.00088	<0.00101	kg/day	*****	<10	<10	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.013	0.028		*****	85.8	172			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	<0.00044	<0.00050	kg/day	*****	<5.0	<5.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	48.2	112			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	0.00089	0.00104	kg/day	*****	10.08	10.30	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.030		*****	198	398			weekly	comp
COPPER	SAMPLE MEASUREMENT	<0.00017	<0.00020	kg/day	*****	<2.0	<2.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
LEAD	SAMPLE MEASUREMENT	<0.00044	<0.00050	kg/day	*****	<5.0	<5.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
NICKEL	SAMPLE MEASUREMENT	<0.0035	<0.0040	kg/day	*****	<40	<40	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.281		*****	924	1850			weekly	comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Greib Project Manager							732 572-4743		01 11 16		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

PERMITTEE NAME/ADDRESS

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC	SAMPLE MEASUREMENT	<0.0017	<0.00040	kg/day	*****	<20	<20	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.127	0.236		*****	1170	2350			weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.00088	<0.00101	kg/day	*****	<10.0	<10.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.002	0.004		*****	33.2	26.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	<0.0088	<0.0101	kg/day	*****	<100	<100	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18500			weekly	comp
IRON	SAMPLE MEASUREMENT	<0.0088	<0.0101	kg/day	*****	<100	<100	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	80.8	162		*****	532000	1070000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT			***		*****	*****	%			
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****			see permit	equivalent
Ammonia	SAMPLE MEASUREMENT			***	*****	0.05	0.05	ug/L		*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	4.9	10.0			2/month	comp
	SAMPLE MEASUREMENT			***	*****	*****	*****			*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
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Glenn Greib Area Manager							732 572-4743		01/11/16		
TYPED OR PRINTED							AREA CODE NUMBER		YEAR MO DAY		

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)